



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
EARLY RETURN TO WORK - PHYSICAL ASSESSMENT

CENTRAL ACCIDENT REPORTING OFFICE (CARO)
P.O. BOX 809
JEFFERSON CITY, MO 65102
573/751-2837 FAX: 573/751-5262
1-888-622-7694

TO The Treating Physician		
The State of Missouri is committed to returning injured employees back to work as soon as possible. Please complete this form to assist us in accommodating any temporary modified duty restrictions. We ask that you be specific on this information based on medical findings. An alternative form may be used if it provides the same information.		
PATIENT NAME		
EMPLOYER/AGENCY	DATE OF INJURY	DATE OF APPOINTMENT
PATIENT IS EXPECTED TO RETURN TO FULL DUTY ON	PATIENT IS ON MODIFIED DUTY UNTIL	
WITH THE FOLLOWING RESTRICTIONS: IN AN 8 HOUR DAY, THE EMPLOYEE CAN:		
Stand	<input type="checkbox"/> 1-3 hrs	<input type="checkbox"/> 3-5 hrs <input type="checkbox"/> 5-8 hrs
Walk	<input type="checkbox"/> 1-3 hrs	<input type="checkbox"/> 3-5 hrs <input type="checkbox"/> 5-8 hrs
Sit	<input type="checkbox"/> 1-3 hrs	<input type="checkbox"/> 3-5 hrs <input type="checkbox"/> 5-8 hrs
Lift	<input type="checkbox"/> Up to 10 lbs.	<input type="checkbox"/> 10-20 lbs <input type="checkbox"/> 20-50 lbs <input type="checkbox"/> Above 50 lbs
EMPLOYEE IS ABLE TO:		
Lift	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all
Bend	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all
Carry	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all
Climb	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all
Kneel	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all
Push/Pull	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all
HANDS/WRISTS:		
Typing/Keying	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all
File Handling	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all
Pushing/Pulling	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all
Simple Grasping	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all
Fine Manipulation	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all
Reach above Shoulders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can safely drive or operate equipment or machinery	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maximum number of hours per day employee can work:	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8	
Cannot exceed _____ hours per week		
OTHER RESTRICTIONS: (PLEASE BE SPECIFIC)		
DATE OF NEXT APPOINTMENT		
PHYSICIAN SIGNATURE		DATE
Complete and Return to: State of Missouri Central Accident Reporting Office P.O. Box 809 Jefferson City, MO 65102 Questions: 1-888-622-7694 or (573) 751-2837 FAX: (573) 751-5262		